

Letter of Notification

A Letter of Notification is required for programmatic and organizational changes that do not require prior review by the Coordinating Board unless requested. The Letter of Notification with supporting documentation must be submitted to ADHE by the established deadlines. All changes in existing programs/units or requests for new programs/units may be approved by the ADHE Director for immediate implementation and must be included on the agenda of the next scheduled Coordinating Board meeting. This form sets forth the relevant criteria and compliance procedures for institutions submitting letters of notification.

New or Existing Program I	viodification				
■Title or CIP change	Joint Bachelor	/Master's degre	ee (3+1 or 4+1 Program)		,
☐ Program reconfiguration-progr	ram created out	of closely allied	existing program(s) *attach cop	y of "before and after" curric	ulum
☐ Program curriculum revision o	or existing progra	am offered onlin	ne *attach copy of "before and afte	er" curriculum	
☐Establishment of administrativ	e unit or reorgan	nization of exist	ing administrative unit *attach o	copy of "before and after" org	ganization chart
□New certificate program (e.g. o	certification of p	roficiency, tech	nical certificate, or graduate c	ertificate)	
Before the Pro	posed Change		•	posed Change or New Pr	ogram
Title of Old Program/Certificate	Degree Code	CIP Code	Title of New Program/Certificate	Degree	CIP Code
Office of Research and Innovation	N/A	N/A	Division of Research and Innovation	N/A	N/A
Attach a copy of the "before and aft	ter" curriculum, a	as applicable			
Program Deletion/Inactive or Reactivation					0
□Delete program(s)/option (s)/er	mphasis/track				<u>U</u>
□Place program on "Inactive Sta	_				
☐Reactivation of program from i					
1 0					
				_	
Program/Certificate/Option	Degree	and CIP Code	Intended Date of Deletion/Inactivation MM/YY		
Establishing a New Off-Ca □New Off-Campus Location	mpus Locatio	<u>on</u>			
Form Approval(s)					
FF - (-)					
Charles F. Robinson	сег		Signature	Da	ate
Charles F. Robinson Name of Provost/Chief Academic Offi	cer		Signature	D:	ate
Charles F. Robinson Name of Provost/Chief Academic Offi President/Chancellor Approval Date	сег		Signature	Da	ate
Charles F. Robinson Name of Provost/Chief Academic Offi President/Chancellor Approval Date Board of Trustee Approval or	cer		Signature	Di	ate
Charles F. Robinson Name of Provost/Chief Academic Offi President/Chancellor Approval Date Board of Trustee Approval or Notification Date			Signature	Da	ate
Charles F. Robinson Name of Provost/Chief Academic Offi President/Chancellor Approval Date Board of Trustee Approval or Notification Date		eville	Signature	Da	ate
Charles F. Robinson Name of Provost/Chief Academic Offi President/Chancellor Approval Date Board of Trustee Approval or Notification Date		eville	Signature	Di	ate
Charles F. Robinson Name of Provost/Chief Academic Offi President/Chancellor Approval Date Board of Trustee Approval or Notification Date Institution: University of Ark	cansas, Fayetto				ate
Charles F. Robinson Name of Provost/Chief Academic Offi President/Chancellor Approval Date Board of Trustee Approval or Notification Date Institution: University of Ark Terry Martin/Sen	cansas, Fayetto	(479) 575-2	151 tmar	tin@uark.edu	
Charles F. Robinson Name of Provost/Chief Academic Offi President/Chancellor Approval Date Board of Trustee Approval or Notification Date Institution: University of Ark	cansas, Fayetto	(479) 575-2			